



Complete Summary

TITLE

Management of labor: percentage of women who are assessed for risk status on entry to labor and delivery.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 60 p. [138 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of women who are assessed for risk status on entry to labor and delivery.

RATIONALE

The priority aim addressed by this measure is to increase the percentage of women who are assessed for risk status on entry to labor and delivery.

PRIMARY CLINICAL COMPONENT

Pregnancy; 20-minute fetal heart rate (FHR) assessment; patient assessment; prenatal risk review; risk in labor assessment

DENOMINATOR DESCRIPTION

Number of women who present in labor

NUMERATOR DESCRIPTION

Number of women with evidence of assessment for risk status on entry to labor and delivery to include:

- 20-minute fetal heart rate (FHR) assessment
- Patient assessment
- Prenatal risk review
- Risk in labor assessment

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Management of labor.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All women who present in labor

Any one of several possible data collection methods may be used by the medical group to capture data for this population.

1. Data may be obtained retrospectively by a chart audit (using a minimum sample of 20 charts per month) of all women presenting in labor.
2. Data may be obtained through discharge abstract coding or other data base from the hospital.
3. The hospital may send the medical group a copy of the labor and delivery summary sheet.

The suggested time frame for data collection is monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of women who present in labor

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of women with evidence of assessment for risk status on entry to labor and delivery to include:

- 20-minute fetal heart rate (FHR) assessment
- Patient assessment
- Prenatal risk review
- Risk in labor assessment

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of women who are assessed for risk status on entry to labor and delivery.

MEASURE COLLECTION

[Management of Labor Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Work Group Members: Douglas Creedon, MD (Work Group Leader) (Mayo Clinic) (OB/Gyn); Leslie Atwood, MD (Allina Medical Clinic) (Family Medicine); Lori Bates, MD (Mayo Clinic) (Family Medicine); Dana-Rae Barr, MD (Hennepin County Medical Center) (Family Medicine); Anna Levin, CNM (Park Nicollet Health Services) (Nurse Midwife); Cherida McCall, CNM (HealthPartners Medical Group) (Nurse Midwife); Ruth Wingeier, CNM (CentraCare) (Nurse Midwife); Becky Walkes, MD (Mayo Clinic) (Nursing); Dale Akkerman, MD (Park Nicollet Health Services) (OB/Gyn); Leslie Pratt, MD (Park Nicollet Health Services) (Perinatal Medicine); Linda Setterlund, MA, CPHQ (Institute for Clinical Systems Improvement) (Facilitator); Lynette Wheelock, RN, MS (Institute for Clinical Systems Improvement) (Facilitator)

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

ICSI has adopted a policy of transparency, disclosing potential conflict and competing interests of all individuals who participate in the development, revision and approval of ICSI documents (guidelines, order sets and protocols). This applies to all work groups (guidelines, order sets and protocols) and committees (Committee on Evidence-Based Practice, Cardiovascular Steering Committee, Women's Health Steering Committee, Preventive & Health Maintenance Steering Committee and Respiratory Steering Committee).

Participants must disclose any potential conflict and competing interests they or their dependents (spouse, dependent children, or others claimed as dependents) may have with any organization with commercial, proprietary, or political interests relevant to the topics covered by ICSI documents. Such disclosures will be shared with all individuals who prepare, review and approve ICSI documents.

No work group members have potential conflicts of interest to disclose.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Oct

REVISION DATE

2009 May

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Mar. 72 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 60 p. [138 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Women Who are Assessed for Risk Status on Entry to Labor and Delivery," is published in "Health Care Guideline: Management of Labor." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 25, 2003. The information was verified by the measure developer on December 4, 2003. This NQMC summary was updated by ECRI Institute on January 8, 2004, December 23, 2004, November 21, 2005, May 29, 2007, and again on December 4, 2009.

COPYRIGHT STATEMENT

This NQMC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Measure) is based on the original measure, which is subject to the measure developer's copyright restrictions.

The abstracted ICSI Measures contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Measures are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Measures are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Measures are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Measures.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related

materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

[Copyright/Permission Requests](#)

Date Modified: 3/1/2010

